

**STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT**

**INDIVIDUAL RISK FORM FILING**

<b>NAMED INSURED AND MAILING ADDRESS</b>	<b>INSURANCE COMPANY AND MAILING ADDRESS</b>

**Policy Number** \_\_\_\_\_

**Policy Term** \_\_\_\_\_

**REASON FOR INDIVIDUAL RISK FORM**

Describe exposure(s) or any other circumstances which would necessitate the use of a form which is not filed by the insurer.

Attach revised form(s) and copy of original form indicating what revisions were made.

**I HEREBY CERTIFY THAT I UNDERSTAND THAT THE COVERAGE PROVIDED  
FOR THIS POLICY IS NOT STANDARD.**

\_\_\_\_\_  
Policyholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

The signature by the policyholder or an authorized representative of the policyholder (NOT the insurance agent) must be made after this form has been completed.